

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION

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DEBRA P. HACKETT, CLK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

IN RE:)
)
BARBARA COACHMAN,)
)
PLAINTIFF,)
)
VS.)
)
MEDICAL DATA SYSTEMS, INC.,)
d/b/a MEDICAL REVENUE SERVICES,)
INC.,)
)
DEFENDANT.)

CASE NUMBER:
1:07 cv 155 - MHT

JURY DEMAND

COMPLAINT

I. INTRODUCTION

1. This is a Complaint for statutory damages brought by the Plaintiff, Barbara Coachman, against the Defendant, Medical Data Systems, Inc., d/b/a Medical Revenue Services, Inc., for violation of the Fair Debt Collection Practices Act (hereinafter, "FDCPA"), 15 U.S.C. §1692, et seq.

II. JURISDICTION AND VENUE

2. The Court has jurisdiction over this proceeding pursuant to 15 U.S.C. §1692k and 28 U.S.C. §1337.

3. Venue before this Court is proper in that the Defendant transacted business here, and the Plaintiff resides here.

III. PARTIES

4. The Plaintiff, Barbara Coachman, is a resident citizen of the State of Alabama, and is over the age of 21 years old.
5. The Defendant, Medical Data Systems, Inc. d/b/a Medical Revenue Services, Inc. (hereinafter "Medical Revenue"), is a Florida corporation engaged in the debt collection business with its principal place of business located at 2001 9th Avenue, Suite 312, Vero Beach, Florida 32960. The Defendant's principal purpose is to collect debts using the mail and telephone. The Defendant, Medical Revenue, regularly attempts to collect debts alleged to be due another.
7. The Defendant, Medical Revenue, is a debt collector as defined by the FDCPA, 15 U.S.C. §1692(a)(6).
8. The alleged debt was for personal, family or household purposes.

IV. FACTUAL ALLEGATIONS

9. On February 23, 2006, Defendant, Medical Revenue, mailed Plaintiff a collection notice seeking to collect an alleged consumer debt. A copy of the collection notice is attached hereto as Exhibit "A".
10. The collection letter, Exhibit "A", states "we now must determine your ability to repay this debt. The information we may be seeking, if available, to determine what further collection effort to take is:
 - 1) Real estate ownership/equity
 - 2) Personal property assets
 - 4) Your source of income
 - 5) Automobile ownership

VIOLATION OF FAIR DEBT COLLECTION PRACTICES ACT (FDCPA)

16. Plaintiff, Barbara Coachman, adopts and incorporates paragraph 1 through 15 as if fully set out herein.
17. The Defendant violated §1692b by threatening to contact third parties for the purpose of obtaining information pertaining to assets. The FDCPA only allows third party contact for the purpose of obtaining location information.
18. The Defendant violated §1692c(b) communicating with unauthorized third parties for purposes other than acquiring location information.
19. The Defendant violated 15 U.S.C. §§ 1692e and 1692e(10) by sending false, deceptive, or misleading communication to a consumer in connection with the collection of an alleged debt.
20. The Defendant violated § 1692e(4) by representing or implying that non-payment of the alleged debt will result in the seizure, garnishment, attachment or sale of property or wages when the Defendant's had no legal right to such action and did not intend to take such action.
21. The Defendant violated 15 U.S.C. §1692e(5) by threatening to take action which could not legally be taken or that was not intended to be taken.
22. The Defendant violated 15 U.S.C. §1692f(6)(B) and (C) by implying its ability to take real estate or personal property when there was no present intent to take possession of such property or by implying its ability to take real

property or personal property when same was exempt by law from such dispossession.

23. The Defendant's violation of 15 U.S.C. §1692, et seq renders it liable for statutory damages, costs, and reasonable attorney fees. 15 U.S.C. §1692k.

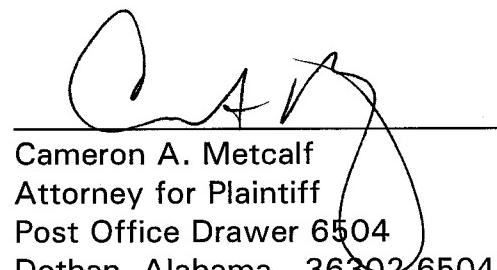
PRAYER FOR RELIEF

WHEREFORE, Plaintiff, Barbara Coachman, respectfully requests this Honorable Court enter judgment against the Defendant, Medical Data Systems, Inc. d/b/a Medical Revenue Services, Inc., for the following:

- a) Maximum statutory damages of \$1,000.00 pursuant to 15 U.S.C. §1692k;
- b) Costs and reasonable attorney fees pursuant to 11 U.S.C. §362(k)(1) and 15 U.S.C. §1692K; and
- c) For such other relief that is just.

Respectfully submitted this 20 day of February, 2007.

ESPY, METCALF & ESPY, PC



Cameron A. Metcalf
Attorney for Plaintiff
Post Office Drawer 6504
Dothan, Alabama 36302-6504
(334) 793-6288
(334) 712-1617 Fax
Email: cam@emppc.com

F0424700212

\$14487.90

Medical Revenue Services
P.O. Box 1149
Sebring FL 33871

Toll Free Number
(800) 315-6050

RETURN SERVICE REQUESTED
02/23/2006

medFaxA1EIMOA11V00.008164

BARBARA COACHMAN
121 BUTLER ST
PO BOX 44
COTTONWOOD AL 36320-0044


| | | | |
|---|--------------------------|---|--------------------------|
| CHECK CARD USING FOR PAYMENT | | | |
|  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| CARD NUMBER | | | |
| AMOUNT | | EXP. DATE | |
| SIGNATURE | | | |

MAKE CHECK PAYABLE AND REMIT TO:
Medical Revenue Services
PO BOX 1149
SEBRING FL 33871-1149



CHECK HERE IF ADDRESS OR INSURANCE INFORMATION IS INCORRECT AND INDICATE CHANGE ON REVERSE SIDE

Page 1 of 1

DETACH HERE  AND RETURN TOP PORTION WITH YOUR PAYMENT

Medical Revenue Service is a collection agency, retained to represent the below named creditor. Since you have failed to pay this obligation in full, we now must determine your ability to repay this debt. The information we may be seeking, if available, to determine what further collection effort to take is:

- | | |
|----------------------------------|--------------------------------|
| 1.) Real estate ownership/equity | 4.) Your source of income |
| 2.) Personal property assets | 5.) Automobile ownership |
| 3.) Savings, checking balances | 6.) Verification of employment |

Unless you notify this office within thirty (30) days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within thirty (30) days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgement and mail you a copy of such judgement or verification. If you request this office in writing within thirty (30) days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Please make your check or money order payable to Medical Revenue Service. In order to assure proper credit to your account, include the reference number with your payment. We also accept "check by telephone" for your convenience. If you have any questions, you may contact an account representative at the above listed phone number.

Pursuant to Section 807(11) FDCPA, this communication is from a debt collector and is an attempt to collect a debt. Any further information obtained will be used for that purpose.

A. U. Clancy
Collection Department

AUC/tb

| Account # | Client Name | Service Date | Balance | Patient Name |
|-------------|------------------|--------------|---------|-------------------|
| F0424700212 | Flowers Hospital | 09/03/2004 | 7410.30 | Coachman, Barbara |
| F0434300675 | Flowers Hospital | 12/08/2004 | 7077.60 | Coachman, Barbara |

TOTAL BALANCE: \$14487.90

